

Mutual OF OMAHA

MUTUAL BENEFIT HEALTH & ACCIDENT ASSOCIATION
The Largest Exclusive Health and Accident Company in the World



V. J. SKUTT,
PRESIDENT

STAT

STAT

June 16, 1960

7/11/60

say "file"

Joseph E. Jones

RE: Revision of Form MG 337
Government Employee's
Health Association

ATTN: Harold F. Staub

Attached are several copies of the proposed revisions
of form MUG 337 worksheet for this group.

Please check this with GEHA.

This is urgent so give us the reply so we can get
the form printed and back to you before the group
becomes effective. Actually, we will be in a little
bind.

Jack Frazell
J. E. Frazell, Supervisor
Claim Service
Group Division

Enc.

*Sen - Please check this out with
your claim people and get
it back to me as soon as you
can.*
Harold



HOME OFFICE BUILDING
OMAHA, NEBRASKA

Rec'd. IB 21 JUN 1960
Rec'd. Claims

INSTRUCTIONS ON USE OF

CERTIFICATION OF CLAIM, FORM MG 337

Form MG 337 has been revised for certification of claim under policy GMG 1799, effective July 10, 1960.

Spaces in the attached sample of the form have been numbered for identification purposes and are explained as follows.

1. Members number.
2. Enrollment code number. *(1) LOW (2) HIGH*
3. G. E. H. A. voucher number.
4. Show whether dependent claim is on wife or child.

Dependent children should be numbered according to ~~age~~, beginning with #2 as shown on the Health Benefits Registration form. *# on Registration form*

The dependent child number is to be used for all claims on the particular dependent child. Show as: "2-Son" or "3-dau".

5. Show month, day and year for:

5.1 BASE PLAN: If there is hospitalization, show date hospitalized. If no hospitalization but surgical operation, show date of surgery. If both hospitalization and surgery, show the earliest date.

5.2 MAJOR MEDICAL: Show same incurred date as used for Base Plan.

In the event a period of three (3) months elapses during which time no expenses are incurred for the same or related accident and sickness the incurred date will be the date of the first expense incurred after such three month period.

6. Diagnosis of sickness or injury as shown by attending physician.
7. Surgical procedure performed, if any, as shown by attending physician or surgeon.
8. If hospitalized as an inpatient, show date or dates admitted to hospital.
9. Number of separate hospital admissions as an inpatient included in audit being made.

If payment is a supplemental payment on a previous admission, code "0".

If payment being made is for outpatient benefits only, leave blank.

NOTE: If claim for In Patient hospitalization includes Out Patient charges show amount of Out Patient charges included in "Remarks" column

10. Number of days in hospital.
11. Daily hospital room and board rate actually charged.
12. Amounts of actual covered charges.

NOTE: Use space 9 in audit breakdown to itemize covered charges not included in lines 3 through 8.
13. Amounts being paid under base plan.
14. Total base plan benefits being paid.
15. Total of actual charges covered by Major Medical listed on lines 3 through 9.
16. Subtract amount of base plan benefits paid from total actual covered charges.
17. Show amount from item 25.
18. Add lines 12 and 13 (items 16 and 17) to get amount to be considered under Major Medical.
19. Add \$100 deductible plus total private room charge over \$20 per day and subtract such total from line 14 to get amount subject to co-insurance. If the deductible for this calendar year was previously satisfied, enter the amount of line 14.
20. Show applicable co-insurance percentage (80% or 50%).
21. Result of line 15 times applicable co-insurance percentage.
22. Total of Base Plan and Major Medical benefits.
23. OTHER COVERED CHARGES used to satisfy deductible during the last three months of the previous calendar year which are carried forward to satisfy the deductible for this payment. Show amounts by voucher number.
24. COVERED CHARGES incurred during current calendar year that may be used to satisfy the deductible for this payment. Show amounts by voucher number.
25. Total of accumulated deductible.
26. Self explanatory. (To be used at option of G.E.H.A.)
27. Self explanatory. (To be used at option of G.E.H.A.)
28. Total accumulated Major Medical paid from last worksheet.
29. Amount from line 17.
30. Amount of maximum reinstated annually, if applicable.

31. Total of items 28 and 29, less item 30.
32. through 35. Self explanatory.
36. To be used for pertinent remarks regarding payment.

GOVERNMENT EMPLOYEE HEALTH ASSOCIATION

P.O. Box 463

Washington, D.C.

FOR INSURANCE COMPANY
HOME OFFICE USE ONLY

Draft No.

Draft Date:

Cause Code:

Claimant Code:

State Code: 49

CERTIFICATION OF CLAIM - GROUP POLICY GME 1799

Member's Number 1.	Code 2.	Voucher Number 3.	Dependent - Relationship 4.	Date Claim Incurred 5.
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Cause of
Disability

6.

Surgical Procedure
Performed

7.

AUDIT BREAKDOWN		AMOUNTS OF ACTUAL CHARGES	AMOUNTS PAYABLE UNDER BASE PLAN
1 HOSPITAL ADMISSION DATE -	8.		
2 HOSPITAL ADMISSION COUNT - THIS PAYMENT -	9.		
3 HOSPITAL ROOM -	10. DAYS @ \$		
4 HOSPITAL ROOM -	11. DAYS @ \$		
5 INPATIENT HOSP. MISC. (INCLUDE AMBULANCE)		11.	11.
6 OUTPATIENT HOSP. MISC.		1.	1.
7 SURGEON			
8 ANESTHETIST (OTHER THAN HOSPITAL)			
9 OTHER COVERED CHARGES - ITEMIZE			
10 TOTAL BASE PLAN BENEFITS -			14.
11 TOTAL ACTUAL CHARGES		15.	
12 SHOW ANY EXCESS OF LINE 11 OVER LINE 10		16.	
13 ADD ANY ACCUMULATION OF DEDUCTIBLE APPLICABLE		17.	
14 TOTAL LINE 12 AND LINE 13		18.	
15 IF LINE 14 EXCEEDS DEDUCTIBLE (\$100.) PLUS ANY PRIVATE ROOM CHARGE EXCEEDING \$20. PER DAY ENTER AMOUNT OF EXCESS		19.	
16 CO-INSURANCE APPLICABLE		20. %	
17 MAJOR MEDICAL BENEFITS -			21.
18 TOTAL BENEFITS -			22.

ACCUMULATION OF DEDUCTIBLE FROM PREVIOUS CLAIMS	
Previous Calendar Year:	
Voucher No.	Amt.
Voucher No.	Amt.
Voucher No.	Amt.
Current Calendar Year:	
Voucher No.	Amt.
Voucher No.	Amt.
Voucher No.	Amt.
TOTAL	25.

Show any excess on this claim which
may be applied toward satisfaction
of the deductible in the:

Current Calendar Year 26.
Following Calendar Year 27.

MAJOR MEDICAL MAXIMUM PAID CONTROL	
Total Major Medical Previously Paid	28.
Amount Major Medical Paid This Claim	29.
Less Any Reimbursement Credit Not Previously Taken	30.
Total Accumulated Major Medical Paid	31.

This Association settled a claim on behalf of the
member holding the above certificate for expense
incurred beginning on the date shown, for the diagnosis
given, and in the amounts listed. It is requested
that benefit be made payable to the order of
Government Employee's Health Association.

Date 31. 19

33.

Authorized Representative

34.

Title

GOVERNMENT EMPLOYEE'S
HEALTH ASSOCIATION

Reviewed By: Joseph E. Jones Agency

35.

Auditor's Signature

Date of Audit

Remarks:

36.

MG 337 6-60